

RECEIVED  
CENTRAL FAX CENTER

MAR 28 2006

## FENWICK &amp; WEST LLP

Silicon Valley Center • 801 California Street • Mountain View, CA 94041  
Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

## FACSIMILE TRANSMISSION

CONFIDENTIAL

DATE: March 28, 2006

CLIENT-MATTER No.: 25137- 11332

P 2 16

To:

| NAME  | Fax No.      | PHONE No. |
|-------|--------------|-----------|
| USPTO | 571-273-8300 |           |

FROM: Sabra-Anne R. Truesdale PHONE: (650) 335-7187

SENT BY: Dana Chevalier PHONE: (650) 943-5363

|                                    |                          |
|------------------------------------|--------------------------|
| NUMBER OF PAGES WITH COVER PAGE: 4 | ORIGINAL WILL NOT FOLLOW |
|------------------------------------|--------------------------|

## MESSAGE:

Please see attached.

## CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,  
PLEASE CALL DANA CHEVALIER AT (650) 943-5363 AS SOON AS POSSIBLE.

A1000/00103/DOCS/1403268.1

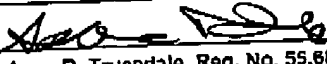
+

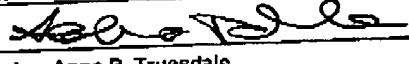
|                                                                                                     |                       |                        |                                 |
|-----------------------------------------------------------------------------------------------------|-----------------------|------------------------|---------------------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence during pendency of filed application) | Application Number    | 10/733,073             |                                 |
|                                                                                                     | Filing Date           | December 10, 2003      |                                 |
|                                                                                                     | First Named Inventor  | Hugh S. Njemanze       |                                 |
|                                                                                                     | Group Art Unit Number | 2131                   |                                 |
|                                                                                                     | Examiner Name         | Not Yet Known          |                                 |
| Total Number of Pages in This Submission                                                            | 3                     | Attorney Docket Number | 25137-11332 (formerly 6388P011) |

RECEIVED  
CENTRAL FAX CENTER  
MAR 28 2006

| ENCLOSURES (check all that apply)                                                                                                 |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form (in duplicate)<br><input type="checkbox"/> Check Enclosed                           | <input type="checkbox"/> Issue Fee Transmittal                                                |
| <input type="checkbox"/> Return Receipt Postcard                                                                                  | <input type="checkbox"/> Letter to Chief Draftsperson                                         |
| <input type="checkbox"/> Response to Notice to File Missing Parts                                                                 | <input type="checkbox"/> Formal Drawing(s):<br>[ ] Sheet(s) of Figure(s) [ ]                  |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet                                                                     | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input type="checkbox"/> Declaration                                                                                              | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Power of Attorney                                                                                        | <input type="checkbox"/> Certified Copy of Priority Document(s)                               |
| <input type="checkbox"/> Application Data Sheet                                                                                   | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A<br><input type="checkbox"/> Copies of IDS Cited References | <input checked="" type="checkbox"/> Statement Under 37 CFR 3.73(b)                            |
| <input type="checkbox"/> Request for Corrected Filing Receipt                                                                     | <input type="checkbox"/>                                                                      |
| <input type="checkbox"/> Request for Correction of Recorded Assignment                                                            | <input type="checkbox"/>                                                                      |
| <input type="checkbox"/> Amendment/Response: [ ] Page(s)<br><input type="checkbox"/> After Final                                  | <input type="checkbox"/>                                                                      |
| <input type="checkbox"/> Status Request                                                                                           | <input type="checkbox"/>                                                                      |
| <input checked="" type="checkbox"/> Revocation and Substitute Power of Attorney                                                   | <input type="checkbox"/>                                                                      |

REMARKS:

| SIGNATURE OF ATTORNEY OR AGENT |                                                                                     |
|--------------------------------|-------------------------------------------------------------------------------------|
| Signature:                     |  |
| Attorney/Reg. No.:             | Sabra-Anne R. Truesdale, Reg. No. 55,687                                            |
| Dated:                         | 3-28-06                                                                             |

| CERTIFICATE OF FACSIMILE TRANSMISSION                                                                                                                                                                                  |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below. |                                                                                     |
| Signature:                                                                                                                                                                                                             |  |
| Typed or Printed Name:                                                                                                                                                                                                 | Sabra-Anne R. Truesdale                                                             |
| Dated:                                                                                                                                                                                                                 | 3-28-06                                                                             |
| Facsimile Number:                                                                                                                                                                                                      | 571-273-8300                                                                        |

25137/01000/DOCS/1606079.1

**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b)

I hereby appoint:

☒ Practitioners associated with the Customer Number

758

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).


Assignee Name and Address:

ArcSight, Inc.  
5 Results Way  
Cupertino, CA 95014

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

|           |                                                                                     |           |                |
|-----------|-------------------------------------------------------------------------------------|-----------|----------------|
| Name      | Trâm Phi                                                                            | Date      | Feb. 24, 2006  |
| Signature |  | Telephone | (408) 864-2627 |
| Title     | Vice President & General Counsel                                                    |           |                |

25137/01000/DOCS/1600820.1

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: ArcSight, Inc.Application No./Patent No.: 10/733,073Filed/Issue Date: December 10, 2003Entitled: Synchronizing Network Security Devices Within a Network Security SystemArcSight, Inc., a corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by percentage) of its ownership interest is \_\_\_\_\_%  
in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015351, Frame 0292, or for which a copy thereof is attached and is concurrently submitted for recordation.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached and is concurrently submitted for recordation.
2. From \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached and is concurrently submitted for recordation.
3. From \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached and is concurrently submitted for recordation.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.  
[NOTE: A separate copy (i.e., a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment has not been recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

3-28-06  
Date(650) 335-7187  
Telephone numberSabra-Anne R. Truesdale, Reg. No. 55,687  
Typed or printed name[Signature]  
SignatureAttorney of Record  
Title